2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000009747

City-St-Zip:

Entity Name: TRINITY REAL ESTATE ALLIANCE, L.L.C.

FILED Oct 18, 2005 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
1245 COURT S CLEARWATER		3890 TAMPA ROAD SUITE 407 PALM HARBOR, FL 34684		
Current Mailing Address:		New Mailing Address:		
1245 COURT S CLEARWATER	ST, STE 102 R, FL 33756	3890 TAMPA ROAD SUITE 407 PALM HARBOR, FL 34684		
FEI Number: 20-1	810638 FEI Number Applied For() th s. 607.193(2)(b), F.S., the limited liability com	FEI Number Not Applicable () Certificate of Status Desired	()	
	dress of Current Registered Agent:	Name and Address of New Registered Agent:		
GASSMAN, AL 1245 COURT S CLEARWATER	ST, STE 102	SCHWEITZER & DOBOSZ 1206 COURT STREET CLEARWATER, FL 34616 US		
The above namin the State of F		urpose of changing its registered office or registered agent, or	r both,	
SIGNATURE:	MARTY SCHWEITZER	10/18/2005		
-	Electronic Signature of Registered Age	nt Date		
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	() Delete	Title: DR. () Change (X) Addition Name: VILA, JUAN Address: 3890 TAMPA ROAD SUITE 407 City-St-Zip: PALM HARBOR, FL 34684		
Title: Name: Address: City-St-Zip:	() Delete	Title: DR. () Change (X) Addition Name: BAYRON, CARLOS Address: 3890 TAMPA ROAD SUITE 407 City-St-Zip: PALM HARBOR, FL 34684		
Title: Name: Address: City-St-Zip:	() Delete	Title: DR. () Change (X) Addition Name: ANNONI, LUIS Address: 3890 TAMPA ROAD SUITE 407 City-St-Zip: PALM HARBOR, FL 34684		
Title: Name: Address: City-St-Zip:	() Delete	Title: DR. () Change (X) Addition Name: KUNHARDT, RENE Address: 3890 TAMPA ROAD SUITE 407 City-St-Zip: PALM HARBOR, FL 34684		
Title: Name:	() Delete	Title: DR. () Change (X) Addition Name: YAMAMURA, KENNETH		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

City-St-Zip: PALM HARBOR, FL 34684

SIGNATURE: JUAN VILA, M.D. DR. 10/18/2005